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Surgery for Pilonidal Sinus

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Expires end of December 2012
Issued January 2012
What is a pilonidal sinus?
A pilonidal sinus is a problem in the natal cleft (area just above the buttocks), which can cause infection. The condition usually affects young adults, happening in 1 in 100 young men. It is less common in women. Your surgeon has recommended an operation for your pilonidal sinus. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a pilonidal sinus happen?
Loose hairs fall off the neck or back and collect in the natal cleft. The hairs can cause small holes to form in the skin or can get into existing holes. As the hairs carry bacteria, the holes can become infected. This causes an abscess to form or a discharge that is released through a tunnel (sinus) out onto the skin (see figure 1).

Sometimes the sinus can be quite widespread, with branches and pockets of infection.

What are the benefits of surgery?
Surgery is the most dependable way to remove the pilonidal sinus. Once the area has fully healed, the infection and any discharge do not usually come back.

Are there any alternatives to surgery?
If an abscess has not formed and you have not had any discharge from the sinus for a while, there is not an immediate need to have the operation. You can treat an occasional discharge with antibiotics. However, the infection is likely to come back.

What will happen if I decide not to have the operation?
You may not have any further problems. However, the area can keep on getting infected, causing an abscess or a persistent discharge that can continue for years.

What does the operation involve?
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. The operation is performed under a general anaesthetic and usually takes about half an hour. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. Your surgeon will remove the sinus and infected tissue, sometimes over a large area (see figure 2).

At the end of the operation, your surgeon will decide either to close the wound with stitches or leave it open.
If your surgeon closes the wound with stitches, they may place a drain (small tube) in the wound for a day or two. If your surgeon leaves the wound open, they will place a pack in the wound. Before the operation, your surgeon can discuss with you if closing the wound with stitches is likely.

What should I do about my medication?
You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

What can I do to help make the operation a success?
If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
• Bleeding during or after surgery. The risk increases if the wound is left open. If the wound was closed with stitches, bleeding can cause a blood clot (haematoma) which appears as a lump under the wound (risk: 3 in 50).
• Unsightly scarring of the skin. It is common for the shape of the natal cleft to be deliberately changed, to help prevent the problem coming back.
• Blood clots in the legs (deep-vein thrombosis – DVT), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. This is rare. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.

3 Specific complications of this operation
• Partial breakdown of the wound, which is quite common if it is closed with stitches. The risk increases if there is an infection at the time of surgery that leads to the wound being infected (risk: 1 in 2). The wound may then need to be packed until it has healed.
• Slow healing, which can sometimes happen if the wound is packed. Healing usually takes about eight weeks but can take much longer (risk: 3 in 100).
• Numbness around the wound, which is quite common but is not a major problem (risk: 1 in 9).
How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. A member of the healthcare team will give you instructions about any follow-up and when any stitches you may have will be removed.
If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.
To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.
Once at home you should rest for the first few days, but try to avoid sitting or lying on the wound. Also, walking as little as possible for the first few days will help the wound to heal.

If the wound was packed, the nurse should change the packing regularly until the wound has healed.
If the wound was closed with stitches, it will need to be checked and the stitches removed after a few days. If you were sent home with the drain still in place, the nurse should remove it after a day or two.
You should be able to return to work after two to three weeks. If your wound was packed, you will need to have regular time off work to have the packing changed.
Regular exercise should help you to return to normal activities as soon as possible. However, you should not exercise until the wound has healed, particularly if your surgeon needed to use stitches to close the wound. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive until you are comfortable and confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future
The pilonidal sinus can come back (risk: 1 in 9). It is important to keep the area free from hairs and as clean as possible to reduce this risk.

Summary
Pilonidal sinus is a common problem in young adults and is best treated by surgery. It can cause an abscess or persistent discharge.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.
Acknowledgements
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